This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Governoon. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				•-	(Place)	New Mexic	o Nove	nber 23, 19 (Date)
VE ARE F	HEREBY R	EQUESTII	NG AN ALLOWA	BLE FOR	R A WELL	KNOWN AS:	Civi	% WAI
(Co	mpany or Op	erator)_	olind-Federa	(Lease)	, Well I	No	, in <b>5W</b>	1/41/4,
E (TI in)	, Sec	35	., <sub>T.</sub> , <sub>R</sub>	37E	, NMPM.,	Undesig	nated Gas	Pool
(Unit) <b>Le</b> a	<b>1</b>		County. Date Sp	oudded	9/10/53	Date C	completed 9/2	4/53
Pleas	se indicate l	ocation:	,		į	WP 1	1	
			Elevation	3492	Total	Depth 366	O, P.B	
		:	Top oil/gas	pay	3540		Prod. Form. 354	40
0			Casing Perf	orations:	None			or
			Depth to Ca	sing shoe	of Prod. Strii	ng	3523	
		· · · · · · · · · · · · · · · · · · ·	Natural Pro	d. Test	3450 MCF	GPD DFM		XXXXXXX
		:	based on		XXIXX	XXX	Hrs	Mins.
			Test after a	eid or shot	IF	6500 MCFG	PD1-1/4" ch	oke xxxxxx
Casing and Comenting Record Size Feet Sax		Based on		bbls. (	Oil <b>in</b>	Hrs	Mins.	
0 5/0	010	1.05	Gas Well P	otential	6500 M	CFGPD 1-1/	/4#	
8 <b>-5/</b> 8	212	125	Size choke i	n inches	1-1	/4"		•••••
5-1/2	3523	250	Date first oi	l run to ta	nks or gas to	Transmission s	ystem: Waitir	ng on pipe
<del></del>					*		line conne sin Pipe Li	ection
			1 ransporter	taking Oi	or Gas:			A.M
lemarks:	Treated	well w	with 300 gal	lons d	olofrac.	from 35	23-3660	
I hereb	ov certify th	at the info	rmation given abov	e is true	and complete	e to the best of	my knowledge.	
			• ************************************		MORR IS	S R. ANTWI	EIL, OIL OF	ERATOR
<u> </u>	T CONCE	3874 mt^>*	COMMISSION		P 9	20 ala	any or Operator)	
OI V	CONSE	CYATION	COMMISSION		Dy: J	W.Adams (	Signature)	
y:	J. Je	asley			Title. Age	ent		
itle E	gineer D	istri <b>e 1</b>		••••••			ations regarding v	ven to:
		t.				J. W. Adar		
					Address	30x 1058,	HObbs, New	Mexico